


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0043263

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000060847</b>					
1. Corporation Name <b>DIVERSE CAPITAL CORP.</b>					
Principal Place of Business <b>6100 GLADES ROAD #314 BOCA RATON FL 33434</b>			Mailing Address <b>6100 GLADES ROAD #314 BOCA RATON FL 33434</b>		

**FILED**

99 JAN 25 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>07/09/1998</b>					
4. FEI Number <b>59-3541796</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 <b>P.O. Box 172574</b> 27 Suite, Apt. #, etc. 28 <b>TAMPA, FL</b> 29 <b>33672</b> 30 <b>HILLSBOROUGH</b>		
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE		D		11. TITLE		D	
NAME		STROHMEYER-BOSSO, ROSE		12. NAME		PRESIDENT / CEO	
STREET ADDRESS		18133 LONGWATER RUN DRIVE		13. STREET ADDRESS		MARK D. COBB	
CITY-ST-ZIP		TAMPA FL 33647		14. CITY-ST-ZIP		137 STRAWBERRY JUNCTION LANE	
TITLE		<input type="checkbox"/> DELETE		21. TITLE		VALRICO, FL 33594	
NAME				22. NAME		SECRETARY / TREASURER	
STREET ADDRESS				23. STREET ADDRESS		MARK D. COBB	
CITY-ST-ZIP				24. CITY-ST-ZIP		SAME AS ABOVE	
TITLE		<input type="checkbox"/> DELETE		31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS		400002755424--1	
CITY-ST-ZIP				34. CITY-ST-ZIP		-01/26/99--01086--001	
TITLE		<input type="checkbox"/> DELETE		41. TITLE		****228.75 ****158.75	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS		B. 1/26/99 99A02	
CITY-ST-ZIP				64. CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark D. Cobb **MARK D. COBB** 1-22-99 813-230-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)